



米田 隆一
NP2002-69
H030473USX

Docket No.:

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

I, the below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: INFLATABLE CUFF FOR BLOOD PRESSURE MEASUREMENT

described and claimed in the specification:

Check one

- * a. ☐ attached hereto.
b. ☒ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2003-116292 filed on April 21, 2003.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and
Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	Toshiya		MIZUKOSHI
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:	Toshiya		Mizukoshi
3	**Date of Signature:	8	20	2004
		Month	Day	Year
Residence:	Aichi-gun	Aichi-ken		Japan
	City	State or Province		Country
Citizenship:	Japan			
	Post Office Address:	c/o COLIN MEDICAL TECHNOLOGY CORPORATION, 2007-1, Hayashi, Komaki-shi,		
	(Insert complete mailing address, including country)	Aichi-ken, Japan		

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1 *Typewritten Full Name of Second Joint Inventor (if any)* Hideo NISHIBAYASHI
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** Hideo Nishibayashi

3 ****Date of Signature:** 8 20 2004
Month Day Year

Residence: Komaki-shi Aichi-ken Japan
City State or Province Country

Citizenship: Japan

Post Office Address:
(Insert complete mailing address, including country) c/o COLIN MEDICAL TECHNOLOGY CORPORATION, 2007-1, Hayashi,
Komaki-shi, Aichi-ken, Japan

1 *Typewritten Full Name of Third Joint Inventor (if any)* _____
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** _____

3 ****Date of Signature:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country) _____

1 *Typewritten Full Name of Fourth Joint Inventor (if any)* _____
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** _____

3 ****Date of Signature:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country) _____

1 *Typewritten Full Name of Fifth Joint Inventor (if any)* _____
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** _____

3 ****Date of Signature:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country) _____

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.